CANDIDATE'S AFFIDAVIT IN LIEU OF REPORT

(to be filed by a candidate or his principal campaign committee)

Use ONLY if ALL of the following criteria are met: (1) candidate is running for a "major" or "district" office; (2) contributions from one source in excess of \$200 have not been received for this election; (3) expenditures in excess of \$5,000 have not been made for this election; and (4) an itemized (long) report has not been filed in connection with this election.

THIS AFFIDAVIT MUST BE SWORN BEFORE A NOTARY

Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017		
1. Full Name and Address of Candidate GARY KENLY 158 BROCK Rd FARMERVILLE, LA. 7/24/	2. Drive Sought (Include tide of office as well as parish, city, fown and/or election district.) UNION PARISH TAX ASSESSOR	OFFICE USE ONLY
3. Date of Primary 10/23/99 This report covers from 16/4/99	through 10/31/99	
4. Type of Report 180th day prior to primary 80th day prior to primary 30th day prior to primary 10th day prior to primary 10th day prior to primary	10th day prior to general 40th day after general Annual (future election) Supplemental (past election)	
S. FINAL REPORT II: Withdrawn Unopposed 6. a. Name of Person Preparing Report Conn.y Kindly		7, FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY 5. Name and oddress of principal campaign committee
b. Dayline Telaphone 3/8 - 665 · 4335 8. I DO HEREBY CERTIFY, after being duly sworn, that, with respect to the election described above. I (the Committee) have (bas) not received contributions form one source in excess of \$200 and have (has) not made expenditures totaling in excess of \$5,000 in the aggregate from the time of becoming a pandidate (initial participation in this election) through the close of the current eponling period. 3/8 - 6/5 - 4335 Signifurator Caradials/Charperson and integer by photopal campaign committee)		b. Name and address of committee's charge ison
sworn to and subscribed before me this 2 de et Farmonielle (City)	yor November 1999. (State)	c. Name and address of the subsidiary committees, it any (Use additional cheets if necessary)

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